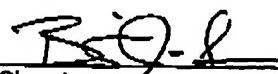
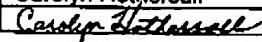


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<b>TRANSMITTAL FORM</b>		Application Number	10/734,495	MAY 9 2005																														
		Filing Date	December 12, 2003																															
		First Named Inventor	John H. Crume																															
		Art Unit	3683																															
		Examiner Name	Mariano Ong Sy																															
Total Number of Pages in This Submission	14	Attorney Docket Number	205017-9012																															
<b>ENCLOSURES (check all that apply)</b>		<b>PETITION FOR EXTENSION OF TIME</b>																																
<input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> Before Final – 12 pages <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declarations <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form(s) <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Status Letter <input type="checkbox"/> Other:		This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  <input type="checkbox"/> Applicant(s) claims small entity status under 37 CFR 1.27. <input type="checkbox"/> Applicant(s) petitions for a three-month extension of time and pay the fee of \$1020.00 (37 CFR 1.17(a)(1)-(5)). <input checked="" type="checkbox"/> Applicant(s) believes that no petition for an extension of time is necessary (37 CFR 1.36(c)); however, applicant(s) hereby petition for sufficient extension of time to render the present submission timely.																																
<b>CLAIMS FEES</b>																																		
<input type="checkbox"/> No additional claim fee is required.																																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th colspan="2">Small Entity</th> <th colspan="2">Large Entity</th> </tr> <tr> <th></th> <th>Claims Remaining After Amendment</th> <th>Highest Number Previously Paid For</th> <th>Extra Claims Present</th> <th>Rate</th> <th>Addit. Claim Fee</th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>43</td> <td>-</td> <td>41</td> <td>=2</td> <td>x 25= \$</td> </tr> <tr> <td>Independent</td> <td>5</td> <td>-</td> <td>5</td> <td>=0</td> <td>x 100= \$</td> </tr> <tr> <td colspan="4"></td> <td>+ 145= \$</td> <td>+ 290= \$0</td> </tr> </tbody> </table>							Small Entity		Large Entity			Claims Remaining After Amendment	Highest Number Previously Paid For	Extra Claims Present	Rate	Addit. Claim Fee	Total	43	-	41	=2	x 25= \$	Independent	5	-	5	=0	x 100= \$					+ 145= \$	+ 290= \$0
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<b>FEES</b>																																		
<input checked="" type="checkbox"/> Additional Claim Fee \$100.00 <input type="checkbox"/> Extension fee for one-month \$0.00 <input type="checkbox"/> Information Disclosure Statement \$0.00 <input type="checkbox"/> Surcharge for Missing Parts – Declaration \$0.00 <input type="checkbox"/> Terminal Disclaimer \$0.00																																		
<b>TOTAL FEES</b> \$100.00																																		
<b>PAYMENT OF FEES</b>																																		
<input type="checkbox"/> A check in the amount of \$ is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1965. <input checked="" type="checkbox"/> The Director is authorized to charge Deposit Account Number 50-1965 in the amount of \$100.00. A duplicate copy of this transmittal is attached for this purpose.																																		
<b>SIGNATURE OF ATTORNEY</b>																																		
Brian J. Lum, Reg. No. 54,282 MICHAEL BEST & FRIEDRICH, LLP 401 North Michigan Avenue Suite 1900 Chicago, Illinois 60611 Telephone: (312) 222-0800 Facsimile: (312) 222-0818		 Signature Date: May 9, 2005																																
<b>CERTIFICATE OF TRANSMISSION/MAILING</b>																																		
I hereby certify that this correspondence is: <input checked="" type="checkbox"/> being facsimile transmitted to the USPTO, facsimile number (703) 872-9306. <input type="checkbox"/> deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below																																		
Typed or printed name:		Carolyn Hothersall		Date: 5/9/2005																														
Signature:																																		

MAY 09 2005

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: John H. Crume

Application No.: 10/734,495

Filed: December 12, 2003

For: SEALING DEVICE FOR A  
SLACK ADJUSTER

TC/AU: 3683

Examiner: Mariano Ong Sy

Confirmation No.: 1616

I, Carolyn Hothersall, hereby certify that this correspondence is being transmitted via facsimile to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile number (703) 872-9306 on 5/9/2005.

Carolyn Hothersall  
Signature5/9/2005

Date of Signature

**RESPONSE TO OFFICE ACTION OF FEBRUARY 8, 2005**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This responds to the Office Action dated February 8, 2005, in the above-referenced application. In the event that the Applicant has overlooked any other charges or has made an overpayment in connection with this communication, please charge or credit Deposit Account No. 50-1965.

Amendments to the claims begin on page 2.

Remarks begin on page 8.

05/10/2005 MBIZUNES 00000061 501965 10734495

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